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tor Release	2010/10/18 :	CIA-RDP8/	-00031R0001	
TRANSM	ITTAL SLIP	DATE		
TO:	OL/P&PS (A	ttn: Evel	yn)	
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FROM: Chairman, Safety & Health				
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FORM NO. 241 REPLACES FORM 36-8 WHICH MAY BE USED.

for Release 2010/10/18 : CIA-RDP87-00031R000100040003-

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	MEMORANDUM FOR:	Director, Office	e of Medical Services	
	ATTENTION:	Chief, Field Operations Division/Training		
25X1	FROM:	Chairman, Safety	and Health Committee, OL	
25X1	SUBJECT:	Cardiopulmonary	Resuscitation Training	
			afety and Health Program for I would like to schedule a	
25 X 1		er of our personr	nel for training in cardio-	
25X1	2 Thana to	alked informally	with Nurge	
25X1	2. I have talked informally with Nurse and Medical Technician regarding this requirement, and as a result of our discussions, I offer the following proposal for your consideration. I can provide			
25X1	the required space and whatever transportation is necessary for personnel and equipment. The timing would be at your convenience; however, I would hope that the training could be completed during August,			
25X1 25X1	be made available so that training can be provided for up to 24 persons.			
25X1 25X1	3. It is my belief that Agency employees skilled in cardiopulmonary resuscitation represent an invaluable asset not only to the Agency but also to the individual communities they represent and the public at large. If my request meets with your approval, I will be glad to work out the details with Nurse or whomever you should choose to designate. Your assistance is sincerely appreciated			
25X1				
25X1 25X1 25X1	cc: DC/CD/SD C/Safety Sta	aff		
	VOL/P&PS EO/DDA			
	CONFIDENTIAL			

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